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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chen et al. Application No.: 10/081,134 Confirmation No.: 2251 Filing Date: 1/30/2002 Title: Energizing Gas for Substrate Processing with Shockwaves		Group Art Unit: 1783 Examiner: Richard J. Vigen Attorney Docket No.: 005710-SVETCH/UMF/JB September 9, 2004 San Francisco, CA 94107																													
VIA FACSIMILE / 703-872-9308 Commissioner for Patents		Extension of Time <input checked="" type="checkbox"/> Applicant requests for an extension of time under 37 C.F.R. 1.138																													
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/>		Extension (Months) <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee \$110 \$420 \$620 Total \$ 420.00																												
Applicant certifies that no extension of time is required. However, this certification is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.																															
Fees for Extra Claims																															
<table border="1"> <thead> <tr> <th colspan="4">Amendment Fee Calculation</th> </tr> <tr> <th></th> <th>Claims remaining after amendment</th> <th>Highest Number Previously Paid for</th> <th>Additional Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>33</td> <td>\$0</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>4</td> <td>\$0</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>\$0</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td>\$0</td> </tr> <tr> <td colspan="3">Total</td> <td>\$0</td> </tr> </tbody> </table>				Amendment Fee Calculation					Claims remaining after amendment	Highest Number Previously Paid for	Additional Fee	Total Claims	20	33	\$0	Independent Claims	4	4	\$0	Multiple Dependent Claims			\$0	Supplemental Information Disclosure Statement			\$0	Total			\$0
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Total			\$0																												
Fee Payment		Fee Deferral																													
Extension Fees	\$420.00	<input checked="" type="checkbox"/> If any additional extension fee is required, please charge to your Account No. 10-0258 and/or																													
Fees for Extra Claims	\$0	<input checked="" type="checkbox"/> If any additional extension fee is required, please charge to your Account No. 10-0258																													
Total	\$420.00																														
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$420.00 .		Please direct all telephone calls to: Ashok Jandani, (415) 998-1100 Please contact the head of the division to:																													
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By <u>Stephen Guzz</u> Date <u>9/9/2004</u>		Respected Signature _____ Date <u>9/9/2004</u> Ashok Jandani Registration No. _____																													

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